

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

MADISON PROJECT INC.

ADDRESS (number and street)

PO BOX 66128

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20035

6128

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00298000

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT B MACKENZIE

Signature of Treasurer

Electronically Filed by SCOTT B MACKENZIE

Date

06

28

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 110

Write or Type Committee Name  
MADISON PROJECT INC.

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2007	36748.53
(b) Cash on Hand at Beginning of Reporting Period .....	38664.61	
(c) Total Receipts (from Line 19) .....	256277.49	355063.73
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	294942.10	391812.26
7. Total Disbursements (from Line 31) .....	251271.37	348141.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	43670.73	43670.73
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	245362.86	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	61826.00	69076.00
(ii) Unitemized .....	193950.94	283979.94
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	255776.94	353055.94
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	255776.94	353055.94
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	500.55	2007.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	256277.49	355063.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	256277.49	355063.73

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	251271.37	347141.53	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	251271.37	347141.53	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	251271.37	348141.53	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	251271.37	348141.53	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	255776.94	353055.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	255776.94	353055.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	251271.37	347141.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	500.55	2007.79
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	250770.82	345133.74

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MRS CARMEL M ALDERSON 462

Mailing Address 7510 MAISONS CT

City

INDIANAPOLIS

State

IN

Zip Code

46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.7192

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR DUANE ALTON 990

Mailing Address 712 N LANCASHIRE LN

City

LIBERTY LAKE

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
TIRE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.7261

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR DUANE ALTON 990

Mailing Address 712 N LANCASHIRE LN

City

LIBERTY LAKE

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
TIRE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.7262

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR DUANE ALTON 990

Mailing Address 712 N LANCASHIRE LN

City

LIBERTY LAKE

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

TIRE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.7263

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY EMMA ARMSTRONG 208

Mailing Address 7605 MEADOW LN

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.7415

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

RONALD W ATCHLEY 731

Mailing Address 1828 OAKS WAY

City

OKLAHOMA CITY

State

OK

Zip Code

73131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATCHLEY RESOURCES

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.7462

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR ELLIOT A BAINES 329

Mailing Address 360 INDIAN HARBOR RD

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.7546

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS PATRICIA A BAIRD 985

Mailing Address PO BOX 203

City

ADNA

State

WA

Zip Code

98522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.7553

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR FREDDIE BAKER 731

Mailing Address 120 LAKE ALUMA DR

City

OKLAHOMA CITY

State

OK

Zip Code

73121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YUKON DOOR & PLYWOOD INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.7576

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)

MR ALLAN H BARKER 841

Mailing Address 2690 ROXBURY CIR

City

SALT LAKE CITY

State

UT

Zip Code

84108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.7640

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR ALLAN H BARKER 841

Mailing Address 2690 ROXBURY CIR

City

SALT LAKE CITY

State

UT

Zip Code

84108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.7641

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

DALE D BOWEN 731

Mailing Address 8636 SW 2ND ST

City

OKLAHOMA CITY

State

OK

Zip Code

73128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

CONSTRUCTION

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.8164

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MARSHALL BRACKIN 730

Mailing Address 2909 MCGEE DR

City

NORMAN

State

OK

Zip Code

73072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARROW OIL & GAS INC

Occupation

PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.8197

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR J JERALD BRANSON 672

Mailing Address 7373 E 29TH ST N  
# 105

City

WICHITA

State

KS

Zip Code

67226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.8237

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN R BREHMER 329

Mailing Address 201 SEABREEZE CT

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.8248

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR JOHN R BREHMER 329**

Mailing Address **201 SEABREEZE CT**

City State Zip Code  
**VERO BEACH FL 32963**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2000.00**

Date of Receipt

**08 / 28 / 2007**

Transaction ID: SA11AI.8247

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS MARY BROWN 672**

Mailing Address **641 N WOODLAWN H 55**

City State Zip Code  
**WICHITA KS 67208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**11 / 21 / 2007**

Transaction ID: SA11AI.8344

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS SUSAN VALERIA BRUNOFF 175**

Mailing Address **334 W CEDAR ST**

City State Zip Code  
**NEW HOLLAND PA 17557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**208.00**

Date of Receipt

**10 / 05 / 2007**

Transaction ID: SA11AI.8414

Amount of Each Receipt this Period

**35.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**585.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS SUSAN VALERIA BRUNOFF 175**

Mailing Address **334 W CEDAR ST**

City State Zip Code  
**NEW HOLLAND PA 17557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**288.00**

Date of Receipt

**12 / 18 / 2007**

**Transaction ID: SA11AI.8416**

Amount of Each Receipt this Period

**80.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS SUSAN VALERIA BRUNOFF 175**

Mailing Address **334 W CEDAR ST**

City State Zip Code  
**NEW HOLLAND PA 17557**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**338.00**

Date of Receipt

**12 / 21 / 2007**

**Transaction ID: SA11AI.8415**

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS VIRGINIA BUCKALEW 864**

Mailing Address **451 MATE LN**

City State Zip Code  
**LK HAVASU CTY AZ 86406**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 20 / 2007**

**Transaction ID: SA11AI.8437**

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**630.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT J CALDWELL 341

Mailing Address 1511 GALLEGH DR.

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.8636

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT J CALDWELL 341

Mailing Address 1511 GALLEGH DR.

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.8637

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DOUGLAS CARTER 741

Mailing Address 1150 E 24TH PL

City

TULSA

State

OK

Zip Code

74114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.8796

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN CERVIN 210, JR

Mailing Address 514 SELLRUS CT

City

FALLSTON

State

MD

Zip Code

21047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.8842

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ELIZABETH K COCHRAN 070

Mailing Address 459 PASSAIC AVE APT 306

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.9040

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT C COWEN 324

Mailing Address 2756 INDIAN SPRINGS RD

City

MARIANNA

State

FL

Zip Code

32446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.9280

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT C COWEN 324

Mailing Address 2756 INDIAN SPRINGS RD

City State Zip Code  
MARIANNA FL 32446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.9276

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
T C CRAIGHEAD 734

Mailing Address 1008 ROCKFORD CT

City State Zip Code  
ARDMORE OK 73401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.9320

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR TOMMY CRAIGHEAD 734

Mailing Address PO BOX 100

City State Zip Code  
SPRINGER OK 73458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TC CRAIGHEAD & COMPANY

Occupation  
OIL & GAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.9322

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
DR JAY CUNNINGHAM 731

Mailing Address 1912 DEEP CREEK RD

City State Zip Code  
OKLAHOMA CITY OK 73131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.9416

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR J ROBERT DAILEY 110

Mailing Address 13 STONE HILL DR N

City State Zip Code  
MANHASSET NY 11030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.9447

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR J ROBERT DAILEY 110

Mailing Address 13 STONE HILL DR N

City State Zip Code  
MANHASSET NY 11030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.9446

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS MARJORIE DAVIS 043**

Mailing Address **6 HUCKLEBERRY LN**

City State Zip Code  
**AUGUSTA ME 04330**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**08 / 31 / 2007**

Transaction ID: SA11AI.9523

Amount of Each Receipt this Period

**150.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS MARJORIE DAVIS 043**

Mailing Address **6 HUCKLEBERRY LN**

City State Zip Code  
**AUGUSTA ME 04330**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**10 / 04 / 2007**

Transaction ID: SA11AI.9524

Amount of Each Receipt this Period

**400.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS MARJORIE DAVIS 043**

Mailing Address **6 HUCKLEBERRY LN**

City State Zip Code  
**AUGUSTA ME 04330**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1250.00**

Date of Receipt

**11 / 19 / 2007**

Transaction ID: SA11AI.9525

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS MARJORIE DAVIS 043**

Mailing Address **6 HUCKLEBERRY LN**

City State Zip Code  
**AUGUSTA ME 04330**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1750.00**

Date of Receipt

**12 / 31 / 2007**

Transaction ID: SA11AI.9521

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR ROGER J DIXON 232**

Mailing Address **2300 CEDARFIELD PKWY APT 313**

City State Zip Code  
**RICHMOND VA 23233**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**07 / 18 / 2007**

Transaction ID: SA11AI.9772

Amount of Each Receipt this Period

**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR ROGER J DIXON 232**

Mailing Address **2300 CEDARFIELD PKWY APT 313**

City State Zip Code  
**RICHMOND VA 23233**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 31 / 2007**

Transaction ID: SA11AI.9773

Amount of Each Receipt this Period

**50.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR BREWSTER DURKEE 322**

Mailing Address **5027 RIVER POINT RD**

City State Zip Code  
**JACKSONVILLE FL 32207**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**12 / 17 / 2007**

**Transaction ID: SA11AI.9948**

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
**EUGENE N ELLIS 630**

Mailing Address **145 TRAILSWEST DR**

City State Zip Code  
**CHESTERFIELD MO 63017**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**E & R SALES**

Occupation  
**SELF EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 26 / 2007**

**Transaction ID: SA11AI.10093**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR WILLIAM R ENGEL 501**

Mailing Address **7059 COBURN LN**

City State Zip Code  
**JOHNSTON IA 50131**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 23 / 2007**

**Transaction ID: SA11AI.10133**

Amount of Each Receipt this Period

**150.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM R ENGEL 501

Mailing Address 7059 COBURN LN

City State Zip Code  
JOHNSTON IA 50131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.10134

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MARJORIE ERLAND 730

Mailing Address 2100 NE 140TH ST APT 203D

City State Zip Code  
EDMOND OK 73013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.10181

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MARJORIE ERLAND 730

Mailing Address 2100 NE 140TH ST APT 203D

City State Zip Code  
EDMOND OK 73013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.10182

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS HELEN FARSON 918**

Mailing Address **211 S SILTH ST**

City State Zip Code  
**ALHAMBRA CA 91801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**215.00**

Date of Receipt

**12 / 11 / 2007**

Transaction ID: SA11AI.10313

Amount of Each Receipt this Period

**35.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS HELEN FARSON 918**

Mailing Address **211 S SILTH ST**

City State Zip Code  
**ALHAMBRA CA 91801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**253.00**

Date of Receipt

**12 / 27 / 2007**

Transaction ID: SA11AI.10307

Amount of Each Receipt this Period

**38.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR LINCOLN W FRALEY 461**

Mailing Address **744 E US HIGHWAY 52**

City State Zip Code  
**RUSHVILLE IN 46173**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FRALEY TRUCK & SALES**

Occupation  
**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**12 / 17 / 2007**

Transaction ID: SA11AI.10548

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1073.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR FREDERICK M FRITZ 017

Mailing Address 40 COOLIDGE RD

City State Zip Code  
CONCORD MA 01742

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.10606

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JAMES W GALLE 662

Mailing Address 7933 CHADWICK ST

City State Zip Code  
PRAIRIE VILLAGE KS 66208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.10678

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JAMES W GALLE 662

Mailing Address 7933 CHADWICK ST

City State Zip Code  
PRAIRIE VILLAGE KS 66208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.10676

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR ARNOLD GARRISON 024

Mailing Address 181 PINE RIDGE RD

City State Zip Code  
WABAN MA 02468

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 20 2007

Transaction ID: SA11AI.10718

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PHILIP O GEIER 452, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City State Zip Code  
CINCINNATI OH 45243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
08 14 2007

Transaction ID: SA11AI.10763

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR PHILIP O GEIER 452, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City State Zip Code  
CINCINNATI OH 45243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 10 2007

Transaction ID: SA11AI.10765

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MS JANE F GELDERMANN 600

Mailing Address 1410 SHERIDAN RD APT 5D

City State Zip Code  
WILMETTE IL 60091

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.10779

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
MARGARET GOATCHER 741

Mailing Address 2802 E 67TH PL

City State Zip Code  
TULSA OK 74136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.10901

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR BERNARD G GOGEL 222

Mailing Address 855 N FREDERICK ST

City State Zip Code  
ARLINGTON VA 22205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.10926

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD S GRIFFITH 705

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD GRIFFITH

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.11112

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD S GRIFFITH 705

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD GRIFFITH

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.11111

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD S GRIFFITH 705

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD GRIFFITH

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.11109

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JERRY HARDACRE 460

Mailing Address 1905 WINDING WAY

City

ANDERSON

State

IN

Zip Code

46011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.11384

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR JERRY HARDACRE 460

Mailing Address 1905 WINDING WAY

City

ANDERSON

State

IN

Zip Code

46011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.11385

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JERRY HARDACRE 460

Mailing Address 1905 WINDING WAY

City

ANDERSON

State

IN

Zip Code

46011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.11386

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM HARDACRE 460

Mailing Address 216 SUMMERLAKE CIR

City State Zip Code  
ANDERSON IN 46011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.11382

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
RALPH HARVEY 731

Mailing Address 9500 CEDAR LAKE AVE

City State Zip Code  
OKLAHOMA CITY OK 73114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MARLIN OIL CO

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.11506

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RAPH HARVEY 731

Mailing Address PO BOX 14630

City State Zip Code  
OKLAHOMA CITY OK 73113

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MARLIN OIL CO

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.11504

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY J HELD 220

Mailing Address 4119 EVERGREEN DR

City

FAIRFAX

State

VA

Zip Code

22032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WATSON WYATT

Occupation

CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.11624

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT HENDERSON 778

Mailing Address 4608 SLICE CT

City

COLLEGE STATION

State

TX

Zip Code

77845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.11655

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES M HEWGLEY 741, JR

Mailing Address 427 S BOSTON AVE STE 304

City

TULSA

State

OK

Zip Code

74103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.11736

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR TATNALL LEA HILLMAN 816

Mailing Address 504 W BLEEKER ST  
504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.11786

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS JANE F HIPP 296

Mailing Address 102 E ROUND HILL RD

City State Zip Code  
GREENVILLE SC 29617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.11811

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR TONY E HOOD 477

Mailing Address 9300 POPLAR RIDGE LN

City State Zip Code  
EVANSVILLE IN 47720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.11948

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR TERRY HUTSON 717

Mailing Address PO BOX 688

City State Zip Code  
BEARDEN AR 71720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN AR UNIV TECH

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.12134

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
MR A LOWELL JOHNSON 928

Mailing Address 571 ORIOLE LN

City State Zip Code  
CORONA CA 92879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.12521

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN R KEANE 103

Mailing Address 33 ELLSWORTH AVE

City State Zip Code  
STATEN ISLAND NY 10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.12687

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN R KEANE 103

Mailing Address 33 ELLSWORTH AVE

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	7

Transaction ID: SA11AI.12689

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS KEMPNER 100

Mailing Address 61 BROADWAY

City

NEW YORK

State

NY

Zip Code

10006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOEB PARTNERS CORP.Occupation  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: SA11AI.12760

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS KEMPNER 100

Mailing Address 61 BROADWAY

City

NEW YORK

State

NY

Zip Code

10006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOEB PARTNERS CORP.Occupation  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	7

Transaction ID: SA11AI.12761

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR DAVE KEYSTON 939**

Mailing Address **PO BOX 7066**

City State Zip Code  
**CARMEL CA 93921**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**10 / 25 / 2007**

Transaction ID: SA11AI.12820

Amount of Each Receipt this Period

**150.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS JUDITH S KIGHT 462**

Mailing Address **8029 BEAUMONT GREEN EAST DR**

City State Zip Code  
**INDIANAPOLIS IN 46250**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**07 / 05 / 2007**

Transaction ID: SA11AI.12850

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR HENRY KING 452**

Mailing Address **PO BOX 3658**

City State Zip Code  
**CINCINNATI OH 45201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US GOVERNMENT**

Occupation  
**CONSTRUCTION**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**10 / 02 / 2007**

Transaction ID: SA11AI.12889

Amount of Each Receipt this Period

**5000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**5650.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code  
CLYDE HILL WA 98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.12967

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code  
CLYDE HILL WA 98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.12968

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
DR ANNE C KUHN 480

Mailing Address 22474 N NOTTINGHAM DR

City State Zip Code  
BEVERLY HILLS MI 48025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.12339

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR FRANCIS P LEHAR 019

Mailing Address 11 NORWOOD AVE  
11 NORWOOD AVE

City State Zip Code  
MANCHESTER MA 01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.13303

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR E K LIVERMORE 741

Mailing Address 7201 ABERDEEN PKWY E

City State Zip Code  
TULSA OK 74132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.13436

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LOY MARKLAND 731

Mailing Address 2301 NW 120TH ST

City State Zip Code  
OKLAHOMA CITY OK 73120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF OKLAHOMA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.13730

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
MRS LOY MARKLAND 731

Mailing Address 2301 NW 120TH ST

City	State	Zip Code
OKLAHOMA CITY	OK	73120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF OKLAHOMAOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Transaction ID: SA11AI.13731

Amount of Each Receipt this Period

100.00

**B.**Full Name (Last, First, Middle Initial)  
MRS HELEN L MARSHALL 226

Mailing Address 827 SUSAN AVE

City	State	Zip Code
WOODSTOCK	VA	22664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	7

Transaction ID: SA11AI.13745

Amount of Each Receipt this Period

100.00

**C.**Full Name (Last, First, Middle Initial)  
MRS HELEN L MARSHALL 226

Mailing Address 827 SUSAN AVE

City	State	Zip Code
WOODSTOCK	VA	22664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	7

Transaction ID: SA11AI.13746

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS HELEN L MARSHALL 226**

Mailing Address **827 SUSAN AVE**

City State Zip Code  
**WOODSTOCK VA 22664**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**385.00**

Date of Receipt

**12 / 18 / 2007**

**Transaction ID: SA11AI.13748**

Amount of Each Receipt this Period

**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MR RICHARD C MARX 125**

Mailing Address **PO BOX 440**

City State Zip Code  
**WAPPINGERS FALLS NY 12590**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**INSURANCE AGENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**09 / 10 / 2007**

**Transaction ID: SA11AI.13804**

Amount of Each Receipt this Period

**250.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MISS JEAN B MASTERS 600**

Mailing Address **1150 S KNOLL DR**

City State Zip Code  
**LAKE FOREST IL 60045**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**09 / 10 / 2007**

**Transaction ID: SA11AI.13817**

Amount of Each Receipt this Period

**150.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**450.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MISS JEAN B MASTERS 600

Mailing Address 1150 S KNOLL DR

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: SA11AI.13818

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ALLAN C MAYER 852

Mailing Address 7461 E MCLELLAN LN

City

SCOTTSDALE

State

AZ

Zip Code

85250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	7

Transaction ID: SA11AI.13875

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR LESLIE E MCCLELLAND 431

Mailing Address PO BOX 310

City

LANCASTER

State

OH

Zip Code

43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE CYRIL-SCOTT COMPANYOccupation  
PRINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	7

Transaction ID: SA11AI.13944

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

2600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR GEORGE D MCCLINTOCK 341

Mailing Address 2905 GULF SHORE BLVD N

City State Zip Code  
NAPLES FL 34103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.13947

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JAMES S MCDONNELL 631, III

Mailing Address 40 GLEN EAGLES DR

City State Zip Code  
SAINT LOUIS MO 63124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.14030

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
JAMES C MEADE 731

Mailing Address 1511 W WILSHIRE BLVD

City State Zip Code  
NICHOLS HILLS OK 73116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEADE ENERGY

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.14168

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MEIBERGEN 737

Mailing Address 1508 OAKHILL CIR

City

ENID

State

OK

Zip Code

73703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHNSTON ENTERPRISES

Occupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.14195

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MILDRED C MOORE 740

Mailing Address 1340 S OSAGE AVE

City

BARTLESVILLE

State

OK

Zip Code

74003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.14491

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH H MOORE 853

Mailing Address PO BOX 5132

City

SUN CITY WEST

State

AZ

Zip Code

85376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.14495

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR RONALD R MOSTERO 902

Mailing Address 505 CHISWICK RD

City

PALOS VERDES ESTAT

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.14563

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR RONALD R MOSTERO 902

Mailing Address 505 CHISWICK RD

City

PALOS VERDES ESTAT

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.14564

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

MARK R NELSON 461

Mailing Address 3310 E CAROL LN

City

MOORESVILLE

State

IN

Zip Code

46158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.14713

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
JAMES K NICHOLS 741

Mailing Address 2250 E 73RD ST STE 650

City State Zip Code  
TULSA OK 74136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.14763

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DAVID W NIESSNER 381

Mailing Address 1637 POPLAR OAKS CIR APT 4

City State Zip Code  
MEMPHIS TN 38120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.14786

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN J O'BRIEN 122

Mailing Address 24 PARK HL APT 2

City State Zip Code  
ALBANY NY 12204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.14854

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 20 2007

Transaction ID: SA11AI.14870

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2007

Transaction ID: SA11AI.14868

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2007

Transaction ID: SA11AI.14869

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.14867

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.14871

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.14872

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT PARKER 741

Mailing Address 2021 S LEWIS AVE STE 600

City State Zip Code  
TULSA OK 74104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PARKER DRILLING CO

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.15101

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JAMES L PARKS 730

Mailing Address PO BOX 30240

City State Zip Code  
EDMOND OK 73003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.15111

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
MR STEVE C PATTON 038

Mailing Address 2 SHIRLEY LN

City State Zip Code  
STRATHAM NH 03885

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LIBERTY MUTUAL INSURANCE  
CO

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.15160

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
MR GEORGE PFAFF 288

Mailing Address 16 BEAVER CREEK LN

City	State	Zip Code
ASHEVILLE	NC	28804

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: SA11AI.15319

Amount of Each Receipt this Period

250.00

**B.**Full Name (Last, First, Middle Initial)  
MR MARTIN PIERCE 874

Mailing Address 2341 N SUNTUOSO CT

City	State	Zip Code
FARMINGTON	NM	87401

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Transaction ID: SA11AI.15370

Amount of Each Receipt this Period

250.00

**C.**Full Name (Last, First, Middle Initial)  
MRS JULIANNE PRINGLE 741

Mailing Address 2300 RIVERSIDE DR UNIT 4D

City	State	Zip Code
TULSA	OK	74114

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NONEOccupation  
HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	7

Transaction ID: SA11AI.15761

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MRS R PHILLIPS PRINGLE 741

Mailing Address 2300 RIVERSIDE DR UNIT 40

City State Zip Code  
TULSA OK 74114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 17 2007

Transaction ID: SA11AI.15758

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MRS R PHILLIPS PRINGLE 741

Mailing Address 2300 RIVERSIDE DR UNIT 40

City State Zip Code  
TULSA OK 74114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
09 12 2007

Transaction ID: SA11AI.15759

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD PROBST 472, JR

Mailing Address 1920 FRANKLIN ST

City State Zip Code  
COLUMBUS IN 47201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 10 2007

Transaction ID: SA11AI.15767

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES C RANDOLPH 744

Mailing Address 2601 CHANDLER RD

City

MUSKOGEE

State

OK

Zip Code

74403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	7

Transaction ID: SA11AI.15879

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM D RANKIN 152

Mailing Address 220 N DITHRIDGE ST APT 1000

City

PITTSBURGH

State

PA

Zip Code

15213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	7

Transaction ID: SA11AI.15883

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JEAN H REESE 334

Mailing Address 108 DOLPHIN RD

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	7

Transaction ID: SA11AI.15960

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR MAURICE J REESE 537

Mailing Address 713 LAKEWOOD BLVD

City

MADISON

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.15961

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR MAURICE J REESE 537

Mailing Address 713 LAKEWOOD BLVD

City

MADISON

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.15962

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR GARY L ROBERTS 473

Mailing Address PO BOX 169

City

SULPHUR SPRINGS

State

IN

Zip Code

47388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBERTS PIPELINE INC

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.16197

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MRS SHEILA C ROBINSON 585**

Mailing Address **1000 W CENTURY AVE APT 308**

City State Zip Code  
**BISMARCK ND 58503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**11 / 13 / 2007**

Transaction ID: SA11AI.16228

Amount of Each Receipt this Period

**100.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS SHEILA C ROBINSON 585**

Mailing Address **1000 W CENTURY AVE APT 308**

City State Zip Code  
**BISMARCK ND 58503**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 19 / 2007**

Transaction ID: SA11AI.16227

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MR ROBERT G ROHWER 740**

Mailing Address **1700 HIDDEN OAKS DR**

City State Zip Code  
**STILLWATER OK 74074**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**12 / 03 / 2007**

Transaction ID: SA11AI.16298

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**400.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR PATRICK T ROONEY 731**  
 Mailing Address **PO BOX 54829**

City State Zip Code  
**OKLAHOMA CITY OK 73154**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FIRST NATIONAL BANK OF OK-  
 LAHOMA**

Occupation  
**BANKER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**11 / 19 / 2007**

**Transaction ID: SA11AI.16309**

Amount of Each Receipt this Period

**500.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MRS NANCY B ROTH 939**  
 Mailing Address **8545 CARMEL VALLEY RD**

City State Zip Code  
**CARMEL CA 93923**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**11 / 30 / 2007**

**Transaction ID: SA11AI.16359**

Amount of Each Receipt this Period

**200.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MRS NANCY B ROTH 939**  
 Mailing Address **8545 CARMEL VALLEY RD**

City State Zip Code  
**CARMEL CA 93923**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**12 / 20 / 2007**

**Transaction ID: SA11AI.16360**

Amount of Each Receipt this Period

**100.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**800.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
MR NICHOLAS RUNNEBOHM 461

Mailing Address 3177 S 375 E

City	State	Zip Code
SHELBYVILLE	IN	46176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RUNNEBOHM CONSTRUCTION COOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Transaction ID: SA11AI.15489

Amount of Each Receipt this Period

1000.00

**B.**Full Name (Last, First, Middle Initial)  
MRS ELIZABETH J SCHAFER 921

Mailing Address 610 1ST ST

City	State	Zip Code
CORONADO	CA	92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

Transaction ID: SA11AI.15664

Amount of Each Receipt this Period

2000.00

**C.**Full Name (Last, First, Middle Initial)  
MRS ELIZABETH J SCHAFER 921

Mailing Address 610 1ST ST

City	State	Zip Code
CORONADO	CA	92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	7

Transaction ID: SA11AI.15665

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR FRED W SCHEIGERT 223

Mailing Address 123 S PITT ST

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.16419

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS R SCHERSCHEL 469

Mailing Address 6935 W SYCAMORE RD

City

KOKOMO

State

IN

Zip Code

46901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.16425

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD R SCISRES 940

Mailing Address 26700 PALO HILLS DR

City

LOS ALTOS HILLS

State

CA

Zip Code

94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.16530

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SEWALD 939

Mailing Address 409 ORTIZ AVE

City

SAND CITY

State

CA

Zip Code

93955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.16621

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MERRILY SHEARHART 738

Mailing Address 2801 ROBIN RIDGE RD

City

WOODWARD

State

OK

Zip Code

73801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.16655

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR PAUL R SJOLUND 553

Mailing Address 4790 BAYCLIFFE RD

City

EXCELSIOR

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PAUL & DAWN SJOLUND FOUND-  
ATION

Occupation

TRUSTEE

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: SA11AI.16798

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MISS ELIZABETH SKAPIN 441

Mailing Address 4445 W 215TH ST

City State Zip Code  
CLEVELAND OH 44126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.16806

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MISS ELIZABETH SKAPIN 441

Mailing Address 4445 W 215TH ST

City State Zip Code  
CLEVELAND OH 44126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.16799

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RICHARD E SKIDMORE 462

Mailing Address 6328 N RACEWAY RD

City State Zip Code  
INDIANAPOLIS IN 46234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: SA11AI.16812

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR DARRYL G SMETTE 730

Mailing Address 2117 WINDSONG

City State Zip Code  
EDMOND OK 73034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEVON ENERGY CORP

Occupation  
CORPORATE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 7

Transaction ID: SA11AI.16854

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
MR KENNETH SMITH 636

Mailing Address PO BOX 629

City State Zip Code  
FARMINGTON MO 63640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.16904

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
EVA SMITH 809

Mailing Address 3325 CEDAR HEIGHTS DR

City State Zip Code  
COLORADO SPRINGS CO 80904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.16936

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**COL THURMAN SPIVA 956**

Mailing Address **8520 HANS ENGEL WAY**

City State Zip Code  
**FAIR OAKS CA 95628**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US MILITARY**

Occupation  
**OFFICER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**273.00**

Date of Receipt

**12 / 17 / 2007**

**Transaction ID: SA11AI.17080**

Amount of Each Receipt this Period

**113.00**

**B.**

Full Name (Last, First, Middle Initial)  
**COL THURMAN SPIVA 956**

Mailing Address **8520 HANS ENGEL WAY**

City State Zip Code  
**FAIR OAKS CA 95628**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US MILITARY**

Occupation  
**OFFICER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**323.00**

Date of Receipt

**12 / 31 / 2007**

**Transaction ID: SA11AI.17076**

Amount of Each Receipt this Period

**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
**ADA ANDERSON STRASENBURGH 082**

Mailing Address **PO BOX 608**

City State Zip Code  
**OCEAN VIEW NJ 08230**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**12 / 27 / 2007**

**Transaction ID: SA11AI.17261**

Amount of Each Receipt this Period

**150.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**313.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

ADA ANDERSON STRASENBURGH 082

Mailing Address PO BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

08230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.17262

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS GORDON E TAYLOR 731

Mailing Address 2704 NW 60TH ST

City

OKLAHOMA

State

OK

Zip Code

73112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.17460

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS GORDON E TAYLOR 731

Mailing Address 2704 NW 60TH ST

City

OKLAHOMA

State

OK

Zip Code

73112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.17459

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR J JOSEPH TAYLOR 741

Mailing Address 6800 S GRANITE AVE APT 243

City State Zip Code  
TULSA OK 74136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.17467

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR J JOSEPH TAYLOR 741

Mailing Address 6800 S GRANITE AVE APT 243

City State Zip Code  
TULSA OK 74136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.17468

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MS MABLE C THOMSON 730

Mailing Address 509 S SANTA FE AVE

City State Zip Code  
EDMOND OK 73003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.17591

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

2150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL J TRACY 465

Mailing Address 1025 PARK PL APT 159

City

MISHAWAKA

State

IN

Zip Code

46545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.17692

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL J TRACY 465

Mailing Address 1025 PARK PL APT 159

City

MISHAWAKA

State

IN

Zip Code

46545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.17693

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JACK E TURNER 731

Mailing Address 2326 SW 122ND ST

City

OKLAHOMA CITY

State

OK

Zip Code

73170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BECKHAM OPERATING CORP

Occupation  
BUSINESS EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.17753

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
**MR JAMES VAN VALKENBURG 190**

Mailing Address **535 GRADYVILLE RD # B125**

City State Zip Code  
**NEWTOWN SQUARE PA 19073**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**12 / 31 / 2007**

Transaction ID: SA11AI.17827

Amount of Each Receipt this Period

**200.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MS MYRA B WARD 737**

Mailing Address **900 BROOKSIDE DR**

City State Zip Code  
**ENID OK 73703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**OIL & GAS INVESTMENTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**09 / 10 / 2007**

Transaction ID: SA11AI.18141

Amount of Each Receipt this Period

**500.00**

**C.**

Full Name (Last, First, Middle Initial)  
**MS MYRA B WARD 737**

Mailing Address **900 BROOKSIDE DR**

City State Zip Code  
**ENID OK 73703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF EMPLOYED**

Occupation  
**OIL & GAS INVESTMENTS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**11 / 12 / 2007**

Transaction ID: SA11AI.18142

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**1200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WASHABAUGH 487

Mailing Address 5394 HILLTOP DR

City

BAY CITY

State

MI

Zip Code

48706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHERN CONCRETE PIPE INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.18192

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR HOWARD G WILSON 731

Mailing Address 105 LAKE ALUMA DR

City

OKLAHOMA CITY

State

OK

Zip Code

73121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.18495

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR JIMMY WISEMAN 936

Mailing Address PO BOX 327

City

NORTH FORK

State

CA

Zip Code

93643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.18547

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MISS BETTY K WOLFE 761

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code  
FORT WORTH TX 76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 17 2007

Transaction ID: SA11AI.18578

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MISS BETTY K WOLFE 761

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code  
FORT WORTH TX 76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 06 2007

Transaction ID: SA11AI.18577

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS BETTY K WOLFE 761

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code  
FORT WORTH TX 76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 17 2007

Transaction ID: SA11AI.18579

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)

MISS BETTY K WOLFE 761

Mailing Address 1600 TEXAS ST APT 1611

City

FORT WORTH

State

TX

Zip Code

76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.18580

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MISS BETTY K WOLFE 761

Mailing Address 1600 TEXAS ST APT 1611

City

FORT WORTH

State

TX

Zip Code

76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.18582

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MISS BETTY K WOLFE 761

Mailing Address 1600 TEXAS ST APT 1611

City

FORT WORTH

State

TX

Zip Code

76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.18581

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A.**

Full Name (Last, First, Middle Initial)  
 MISS JOSEPHINE E WOOD 245

Mailing Address 1400 ENTERPRISE DR #330N  
 # 330

City State Zip Code  
 LYNCHBURG VA 24502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.18601

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
 MISS JOSEPHINE E WOOD 245

Mailing Address 1400 ENTERPRISE DR #330N  
 # 330

City State Zip Code  
 LYNCHBURG VA 24502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.18602

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
 MISS JOSEPHINE E WOOD 245

Mailing Address 1400 ENTERPRISE DR #330N  
 # 330

City State Zip Code  
 LYNCHBURG VA 24502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.18604

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MISS JOSEPHINE E WOOD 245

Mailing Address 1400 ENTERPRISE DR #330N  
# 330

City State Zip Code  
LYNCHBURG VA 24502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.18603

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR TIM WORD 781

Mailing Address 401 TORCIDO DR

City State Zip Code  
NEW BRAUNFELS TX 78131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEAN WORD CO

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.18640

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RICHARD YOUNG 309

Mailing Address 205 HUDSON TRCE STE B

City State Zip Code  
AUGUSTA GA 30907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.18750

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

61826.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 110

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

**A.**Full Name (Last, First, Middle Initial)  
CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW ROAD

City

STERLING

State

VA

Zip Code

20166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2007.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	7

Transaction ID: SA15.18791

Amount of Each Receipt this Period

500.55

REFUND - POSTAGE

SUBTOTAL of Receipts This Page (optional) .....

500.55

TOTAL This Period (last page this line number only) .....

500.55

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 110

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ACCESS NATIONAL BANK	<b>Transaction ID:</b> SB21B.7033 <b>Date of Disbursement</b>
<b>Mailing Address</b> 1800 ROBERT FULTON DR	<div> <div>07</div> <div>03</div> <div>2007</div> </div>
<b>City</b> RESTON <b>State</b> VA <b>Zip Code</b> 20190	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> DISCOVER DISCOUNT FEE	<div>11.79</div>
<b>Candidate Name</b> MADISON PROJECT INC.	<div>001</div> <b>Category/Type</b>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ACCESS NATIONAL BANK	<b>Transaction ID:</b> SB21B.7035 <b>Date of Disbursement</b>
<b>Mailing Address</b> 1800 ROBERT FULTON DR	<div> <div>07</div> <div>03</div> <div>2007</div> </div>
<b>City</b> RESTON <b>State</b> VA <b>Zip Code</b> 20190	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> MERCHANT SERVICE CHARGE	<div>118.18</div>
<b>Candidate Name</b> MADISON PROJECT INC.	<div>001</div> <b>Category/Type</b>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ACCESS NATIONAL BANK	<b>Transaction ID:</b> SB21B.7041 <b>Date of Disbursement</b>
<b>Mailing Address</b> 1800 ROBERT FULTON DR	<div> <div>07</div> <div>31</div> <div>2007</div> </div>
<b>City</b> RESTON <b>State</b> VA <b>Zip Code</b> 20190	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> SERVICE CHARGE	<div>113.17</div>
<b>Candidate Name</b> MADISON PROJECT INC.	<div>001</div> <b>Category/Type</b>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <b>District:</b>	<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**243.14**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7047

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.88

B.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
DISCOVER DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7034

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7.17

C.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7036

Date of Disbursement

/   /

Amount of Each Disbursement this Period

106.61

SUBTOTAL of Disbursements This Page (optional) .....

145.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7042

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.88

**B.**

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7048

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.65

**C.**

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7037

Date of Disbursement

/   /

Amount of Each Disbursement this Period

64.46

**SUBTOTAL** of Disbursements This Page (optional) .....

98.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX COLLECTION FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7053

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.50

**B.**

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

78.94

**C.**

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7049

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.30

**SUBTOTAL** of Disbursements This Page (optional) .....

101.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7038

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

127.90

B.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX COLLECTION FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7054

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

4.50

C.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7044

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

152.06

SUBTOTAL of Disbursements This Page (optional) .....

284.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7050

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

8.45

B.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7039

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

107.96

C.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX COLLECTION FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7055

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

4.50

SUBTOTAL of Disbursements This Page (optional) .....

120.91

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7045

Date of Disbursement

/   /

Amount of Each Disbursement this Period

201.85

B.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7051

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.38

C.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7040

Date of Disbursement

/   /

Amount of Each Disbursement this Period

210.12

SUBTOTAL of Disbursements This Page (optional) .....

433.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX COLLECTION FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7056

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.50

B.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7046

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.50

C.

Full Name (Last, First, Middle Initial)  
ACCESS NATIONAL BANK

Mailing Address 1800 ROBERT FULTON DR

City RESTON State VA Zip Code 20190

Purpose of Disbursement  
AMEX DISCOUNT FEE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7052

Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.28

SUBTOTAL of Disbursements This Page (optional) .....

237.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.7001 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	8		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SERVICE CHARGE	<table border="1"> <tr> <td>68.32</td> </tr> </table>	68.32																			
68.32																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.6993 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>787.35</td> </tr> </table>	787.35																			
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Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.6999 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	8		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SERVICE CHARGE	<table border="1"> <tr> <td>80.00</td> </tr> </table>	80.00																			
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Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

935.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.6994 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	0		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>787.35</td> </tr> </table>	787.35																			
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Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.7002 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	6		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SERVICE CHARGE	<table border="1"> <tr> <td>72.60</td> </tr> </table>	72.60																			
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Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.6995 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>787.35</td> </tr> </table>	787.35																			
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Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1647.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.7003 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SERVICE CHARGE	<table border="1"> <tr> <td>72.60</td> </tr> </table>	72.60																			
72.60																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.7000 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SERVICE CHARGE	<table border="1"> <tr> <td>80.00</td> </tr> </table>	80.00																			
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Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.6996 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>787.35</td> </tr> </table>	787.35																			
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Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**939.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.6997 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>787.35</td> </tr> </table>	787.35																			
787.35																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.7004 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	5		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SERVICE CHARGE	<table border="1"> <tr> <td>70.59</td> </tr> </table>	70.59																			
70.59																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADP	<b>Transaction ID:</b> SB21B.6998 <b>Date of Disbursement</b>																				
Mailing Address 5800 WINDWARD PKWY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	7												
City ALPHARETTA State GA Zip Code 30005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>787.35</td> </tr> </table>	787.35																			
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Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1645.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICA ONLINE	<b>Transaction ID:</b> SB21B.7005 <b>Date of Disbursement</b>																				
Mailing Address ONE TIME WARNER CTR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	2		2	0	7													
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement WEBSITE/INTERNET Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">25.90</td> </tr> </table>	25.90																			
25.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICA ONLINE	<b>Transaction ID:</b> SB21B.7007 <b>Date of Disbursement</b>																				
Mailing Address ONE TIME WARNER CTR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	7													
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement WEBSITE/INTERNET Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">25.90</td> </tr> </table>	25.90																			
25.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICA ONLINE	<b>Transaction ID:</b> SB21B.7008 <b>Date of Disbursement</b>																				
Mailing Address ONE TIME WARNER CTR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	7													
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement WEBSITE/INTERNET Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">25.90</td> </tr> </table>	25.90																			
25.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

77.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICA ONLINE	<b>Transaction ID:</b> SB21B.7009 <b>Date of Disbursement</b>																				
Mailing Address ONE TIME WARNER CTR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	7													
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement WEBSITE/INTERNET Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">25.90</td> </tr> </table>	25.90																			
25.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICA ONLINE	<b>Transaction ID:</b> SB21B.7010 <b>Date of Disbursement</b>																				
Mailing Address ONE TIME WARNER CTR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	4		2	0	7													
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement WEBSITE/INTERNET Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">25.90</td> </tr> </table>	25.90																			
25.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BMW DIRECT INC	<b>Transaction ID:</b> SB21B.7063 <b>Date of Disbursement</b>																				
Mailing Address 1155 - 15TH ST, NW SUITE 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	7													
City WASHINGTON State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">4582.42</td> </tr> </table>	4582.42																			
4582.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4634.22**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7064</p> <p>Date of Disbursement 08 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 4749.79</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7065</p> <p>Date of Disbursement 09 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 11603.68</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7066</p> <p>Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 5848.74</p> <p>003 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

22202.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7067</p> <p>Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1509.01</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BMW DIRECT INC</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7068</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 4433.44</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7089</p> <p>Date of Disbursement 07 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 15121.99</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

21064.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.7090

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

8954.80

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.7091

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

2573.84

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.7092

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

9287.58

**SUBTOTAL** of Disbursements This Page (optional) .....

20816.22

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICESMailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMPCandidate Name  
MADISON PROJECT INC.003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7093

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

4412.18

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICESMailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMPCandidate Name  
MADISON PROJECT INC.003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7094

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

3600.00

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICESMailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMPCandidate Name  
MADISON PROJECT INC.003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7095

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

7729.26

SUBTOTAL of Disbursements This Page (optional) ▶

15741.44

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7096

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

16825.78

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7097

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

6683.46

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7098

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

12938.08

**SUBTOTAL** of Disbursements This Page (optional) .....

36447.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7099

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7928.69

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7100

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13855.59

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7101

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3537.56

**SUBTOTAL** of Disbursements This Page (optional) .....

25321.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
**CENTURY DATA MAILING SERVICES**

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7102

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2315.56

**B.** Full Name (Last, First, Middle Initial)  
**CENTURY DATA SYSTEMS**

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7070

Date of Disbursement

/   /

Amount of Each Disbursement this Period

220.00

**C.** Full Name (Last, First, Middle Initial)  
**CENTURY DATA SYSTEMS**

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DATA PROCESSING

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7071

Date of Disbursement

/   /

Amount of Each Disbursement this Period

739.69

**SUBTOTAL** of Disbursements This Page (optional) .....

3275.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7072</p> <p>Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 2574.75</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7073</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1911.14</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS</p> <p>Mailing Address 1155 - 15TH ST, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7074</p> <p>Date of Disbursement 11 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 879.14</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

5365.03

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
CHASE BANK

Mailing Address PO BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement  
CHASE CARD SERVICES

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7014

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
CHASE BANK

Mailing Address PO BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement  
CHASE CARD SERVICES

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7015

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
COLORTREE OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7076

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4098.15

**SUBTOTAL** of Disbursements This Page (optional) .....

4398.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
COLORTREE OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.7077

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1312.50

**B.**

Full Name (Last, First, Middle Initial)  
COLORTREE OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.7078

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

1443.75

**C.**

Full Name (Last, First, Middle Initial)  
COLORTREE OF VIRGINIA

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.7079

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

2756.25

**SUBTOTAL** of Disbursements This Page (optional) .....

5512.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.7081</p> <p>Date of Disbursement 07 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.7082</p> <p>Date of Disbursement 07 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 5962.58</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.7083</p> <p>Date of Disbursement 08 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 2311.83</p> <p>003 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

11274.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7084</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 5688.06</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7085</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 5162.82</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7086</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

13350.88

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES</p> <p>Mailing Address 504 SHAW ROAD</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7087</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 1 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2861.01</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ELECTRONIC REPORTING SYSTEMS INC</p> <p>Mailing Address 683 BERRYVILLE AVE</p> <p>City WINCHESTER State VA Zip Code 22601</p> <p>Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7016</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2475.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ELECTRONIC REPORTING SYSTEMS INC</p> <p>Mailing Address 683 BERRYVILLE AVE</p> <p>City WINCHESTER State VA Zip Code 22601</p> <p>Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING</p> <p>Candidate Name MADISON PROJECT INC.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7018</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1995.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7331.01**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.** Full Name (Last, First, Middle Initial)  
FALCON PRINTING & COPYING INC

Mailing Address 1921 GALLOWS ROAD

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
PRINTING - STATIONARY

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7057

Date of Disbursement

/   /

Amount of Each Disbursement this Period

441.00

**B.** Full Name (Last, First, Middle Initial)  
INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMP

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7060

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2800.45

**C.** Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FUNDRAISING LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7108

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3741.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FUNDRAISING LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7109

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2785.00

**B.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FUNDRAISING LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7110

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FUNDRAISING LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7111

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10273.92

**SUBTOTAL** of Disbursements This Page (optional) .....

13558.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
LEGACY LIST MANAGEMENT INC

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FUNDRAISING LIST RENTALS

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7112

Date of Disbursement

/   /

Amount of Each Disbursement this Period

434.95

**B.**

Full Name (Last, First, Middle Initial)  
MACKENZIE & COMPANY

Mailing Address 3464 S UTAH STREET

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)  
MACKENZIE & COMPANY

Mailing Address 3464 S UTAH STREET

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
MADISON PROJECT INC.

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3434.95

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) MACKENZIE & COMPANY	<b>Transaction ID:</b> SB21B.7021 <b>Date of Disbursement</b>																				
Mailing Address 3464 S UTAH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	7												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONSULTING - COMPLIANCE	<table border="1"> <tr> <td colspan="10">1736.01</td> </tr> </table>	1736.01																			
1736.01																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MACKENZIE & COMPANY	<b>Transaction ID:</b> SB21B.7022 <b>Date of Disbursement</b>																				
Mailing Address 3464 S UTAH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	7												
City ARLINGTON State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement CONSULTING - COMPLIANCE	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ANDREW RYUN	<b>Transaction ID:</b> SB21B.6981 <b>Date of Disbursement</b>																				
Mailing Address 155 DUDDINGTON PL SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	7												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL - NET	<table border="1"> <tr> <td colspan="10">461.75</td> </tr> </table>	461.75																			
461.75																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3697.76**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ANDREW RYUN	<b>Transaction ID:</b> SB21B.6982 <b>Date of Disbursement</b>
Mailing Address 155 DUDDINGTON PL SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 7</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL - NET	<div>461.75</div>
Candidate Name MADISON PROJECT INC.	<div>001</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ANDREW RYUN	<b>Transaction ID:</b> SB21B.6983 <b>Date of Disbursement</b>
Mailing Address 155 DUDDINGTON PL SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 7</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL - NET	<div>461.75</div>
Candidate Name MADISON PROJECT INC.	<div>001</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ANDREW RYUN	<b>Transaction ID:</b> SB21B.6984 <b>Date of Disbursement</b>
Mailing Address 155 DUDDINGTON PL SE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 7</div> </div>
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL - NET	<div>461.75</div>
Candidate Name MADISON PROJECT INC.	<div>001</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1385.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) ANDREW RYUN	<b>Transaction ID:</b> SB21B.6985 <b>Date of Disbursement</b>																				
Mailing Address 155 DUDDINGTON PL SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL - NET	<table border="1"> <tr> <td>461.75</td> </tr> </table>	461.75																			
461.75																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ANDREW RYUN	<b>Transaction ID:</b> SB21B.6986 <b>Date of Disbursement</b>																				
Mailing Address 155 DUDDINGTON PL SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL - NET	<table border="1"> <tr> <td>461.75</td> </tr> </table>	461.75																			
461.75																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NED RYUN	<b>Transaction ID:</b> SB21B.6987 <b>Date of Disbursement</b>																				
Mailing Address 608 SOUTH MAPLE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	7												
City PURCELLVILLE State VA Zip Code 20132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL - NET	<table border="1"> <tr> <td>1447.00</td> </tr> </table>	1447.00																			
1447.00																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2370.50

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.**Full Name (Last, First, Middle Initial)  
NED RYUN

Mailing Address 608 SOUTH MAPLE AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement  
PAYROLL - NETCandidate Name  
MADISON PROJECT INC.001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.6988

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Amount of Each Disbursement this Period

1447.00

**B.**Full Name (Last, First, Middle Initial)  
NED RYUN

Mailing Address 608 SOUTH MAPLE AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement  
REIMB - POSTAGECandidate Name  
MADISON PROJECT INC.001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7023

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	7

Amount of Each Disbursement this Period

41.00

**C.**Full Name (Last, First, Middle Initial)  
NED RYUN

Mailing Address 608 SOUTH MAPLE AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement  
PAYROLL - NETCandidate Name  
MADISON PROJECT INC.001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.6989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	7

Amount of Each Disbursement this Period

1447.00

SUBTOTAL of Disbursements This Page (optional) .....

2935.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) NED RYUN	<b>Transaction ID:</b> SB21B.6990 <b>Date of Disbursement</b>																				
Mailing Address 608 SOUTH MAPLE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	7												
City PURCELLVILLE State VA Zip Code 20132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL - NET	<table border="1"> <tr> <td>1447.00</td> </tr> </table>	1447.00																			
1447.00																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NED RYUN	<b>Transaction ID:</b> SB21B.6991 <b>Date of Disbursement</b>																				
Mailing Address 608 SOUTH MAPLE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City PURCELLVILLE State VA Zip Code 20132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL - NET	<table border="1"> <tr> <td>1447.00</td> </tr> </table>	1447.00																			
1447.00																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NED RYUN	<b>Transaction ID:</b> SB21B.6992 <b>Date of Disbursement</b>																				
Mailing Address 608 SOUTH MAPLE AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
City PURCELLVILLE State VA Zip Code 20132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL - NET	<table border="1"> <tr> <td>1447.00</td> </tr> </table>	1447.00																			
1447.00																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4341.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 110

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) SIMPLY AESTHETIC	<b>Transaction ID:</b> SB21B.7058 <b>Date of Disbursement</b>
Mailing Address 6054 CLARK CENTER AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 4 / 2 0 0 7</div> </div>
City SARASOTA State FL Zip Code 34238	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement LOGO DESIGN	<div>200.00</div>
Candidate Name MADISON PROJECT INC.	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SISK MAILING SERVICES	<b>Transaction ID:</b> SB21B.7103 <b>Date of Disbursement</b>
Mailing Address 203 LOG CANOE CIR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 7</div> </div>
City STEVENSVILLE State MD Zip Code 21666	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR TMP	<div>4264.01</div>
Candidate Name MADISON PROJECT INC.	<div>003</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) US POSTMASTER	<b>Transaction ID:</b> SB21B.7059 <b>Date of Disbursement</b>
Mailing Address MERRIFIELD	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 7</div> </div>
City VIENNA State VA Zip Code 22182	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PO BOX RENTAL	<div>485.00</div>
Candidate Name MADISON PROJECT INC.	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4949.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) VALLEY SELF STORAGE	<b>Transaction ID:</b> SB21B.7025 <b>Date of Disbursement</b>																				
Mailing Address 37221 E RICHARDSON LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	3		2	0	0	7												
City PURCELLVILLE State VA Zip Code 20132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement STORAGE BIN RENTAL	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VALLEY SELF STORAGE	<b>Transaction ID:</b> SB21B.7026 <b>Date of Disbursement</b>																				
Mailing Address 37221 E RICHARDSON LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City PURCELLVILLE State VA Zip Code 20132	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement STORAGE BIN RENTAL	<table border="1"> <tr> <td colspan="10">160.00</td> </tr> </table>	160.00																			
160.00																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WACHOVIA BANK	<b>Transaction ID:</b> SB21B.7027 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	2		2	0	0	7												
City CHARLOTTE State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MERCHANT SERVICE FEE	<table border="1"> <tr> <td colspan="10">24.95</td> </tr> </table>	24.95																			
24.95																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

334.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) WACHOVIA BANK	<b>Transaction ID:</b> SB21B.7028 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	0	7												
City CHARLOTTE State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MERCHANT SERVICE FEE Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">29.90</td> </tr> </table>	29.90																			
29.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WACHOVIA BANK	<b>Transaction ID:</b> SB21B.7029 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	5		2	0	0	7												
City CHARLOTTE State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MERCHANT SERVICE FEE Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">29.90</td> </tr> </table>	29.90																			
29.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WACHOVIA BANK	<b>Transaction ID:</b> SB21B.7030 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	7												
City CHARLOTTE State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MERCHANT SERVICE FEE Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td colspan="10">29.90</td> </tr> </table>	29.90																			
29.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

89.70

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) WACHOVIA BANK	<b>Transaction ID:</b> SB21B.7031 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	7												
City CHARLOTTE State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MERCHANT SERVICE FEE	<table border="1"> <tr> <td colspan="10">29.90</td> </tr> </table>	29.90																			
29.90																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WACHOVIA BANK	<b>Transaction ID:</b> SB21B.7032 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	7												
City CHARLOTTE State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MERCHANT SERVICE FEE	<table border="1"> <tr> <td colspan="10">29.90</td> </tr> </table>	29.90																			
29.90																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	<b>Transaction ID:</b> SB21B.7114 <b>Date of Disbursement</b>																				
Mailing Address 4128 PEPSI PL	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	7												
City CHANTILLY State VA Zip Code 20151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES	<table border="1"> <tr> <td colspan="10">1961.17</td> </tr> </table>	1961.17																			
1961.17																					
Candidate Name MADISON PROJECT INC.	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2020.97

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 / 110

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PL

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
MONEY PROCESSING & ESCROW SERVICESCandidate Name  
MADISON PROJECT INC.Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7115

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	7

Amount of Each Disbursement this Period

828.37

**B.** Full Name (Last, First, Middle Initial)  
WEST END PRINTING

Mailing Address 1609 SHERWOOD AVE

City RICHMOND State VA Zip Code 23220

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR TMPCandidate Name  
MADISON PROJECT INC.Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7104

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	7

Amount of Each Disbursement this Period

3748.00

SUBTOTAL of Disbursements This Page (optional) .....

4576.37

TOTAL This Period (last page this line number only) .....

251082.19

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 107 / 110

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BMW DIRECT INCNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMPMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

26784.63

Transaction ID: SD10.6951

Amount Incurred This Period

51706.68

Payment This Period

32727.08

Outstanding Balance at Close of This Period

45764.23

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CENTURY DATA MAILING SERVICESNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMPMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

24076.79

Transaction ID: SD10.6956

Amount Incurred This Period

142021.60

Payment This Period

115764.37

Outstanding Balance at Close of This Period

50334.02

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CENTURY DATA SYSTEMSNature of Debt (Purpose):  
DATA PROCESSINGMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

6194.72

Transaction ID: SD10.6952

Amount Incurred This Period

10932.17

Payment This Period

6324.72

Outstanding Balance at Close of This Period

10802.17

1) **SUBTOTALS** This Period This Page (optional).....

106900.42

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 108 / 110

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
COLORTREE OF VIRGINIANature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMP

Mailing Address 2519 BRITTONS HILL RD

City State ZIP Code  
RICHMOND VA 23230

Outstanding Balance Beginning This Period

9610.65

Transaction ID: SD10.6953

Amount Incurred This Period

0.00

Payment This Period

9610.65

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMP

Mailing Address 504 SHAW ROAD

City State ZIP Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

27064.86

Transaction ID: SD10.6954

Amount Incurred This Period

76433.75

Payment This Period

27486.30

Outstanding Balance at Close of This Period

76012.31

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LEGACY LIST MANAGEMENT INCNature of Debt (Purpose):  
LIST RENTALSMailing Address 1155 - 15TH ST, NW  
SUITE 410City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

14887.22

Transaction ID: SD10.6955

Amount Incurred This Period

51505.91

Payment This Period

14493.87

Outstanding Balance at Close of This Period

51899.26

1) **SUBTOTALS** This Period This Page (optional).....

127911.57

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 109 / 110

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RST MARKETINGNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMP

Mailing Address 1272 CORPORATE PARK RD

City State ZIP Code  
FOREST VA 24551

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.7105

Amount Incurred This Period

5152.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

5152.83

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SISK MAILING SERVICESNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMP

Mailing Address 203 LOG CANOE CIR

City State ZIP Code  
STEVENSVILLE MD 21666

Outstanding Balance Beginning This Period

4264.01

Transaction ID: SD10.6957

Amount Incurred This Period

0.00

Payment This Period

4264.01

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):  
MONEY PROCESSING & ESCROW

Mailing Address 4128 PEPSI PL

City State ZIP Code  
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

573.42

Transaction ID: SD10.6958

Amount Incurred This Period

7614.16

Payment This Period

2789.54

Outstanding Balance at Close of This Period

5398.04

1) **SUBTOTALS** This Period This Page (optional).....

10550.87

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 110 / 110

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WEST END PRINTINGNature of Debt (Purpose):  
DIRECT MAIL FUNDRAISING  
FOR TMP

Mailing Address 1609 SHERWOOD AVE

City State ZIP Code  
RICHMOND VA 23220

Outstanding Balance Beginning This Period

3748.00

Transaction ID: SD10.6959

Amount Incurred This Period

0.00

Payment This Period

3748.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

245362.86

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

245362.86